

MDR Tracking Number: M2-03-1187-01
IRO Certification# 5259

June 24, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

The patient is a 47 y/o female who slipped and fell on ____ resulting in multiple rib fractures and back pain. The patient's functional status improved somewhat with conservative treatment consisting of physical therapy and multiple anti-inflammatory medications but now her pain has become unbearable. The pain is primarily axial in nature with some numbness in the right anterior thigh. MRI dated 11/27/2002 revealed "internal disc derangement and desiccation, posterior midline annular tear and disc protrusion, L5-S1". Subsequent discography (provocative and anesthetic) revealed the pain generators to be L4-5, L5-S1. Post-discography CT showed annular tears at L4-5 and L5-S1. The fluoroscopic images were reported by the discographer to show leakage of contrast material due to annular tear around the nerve root sleeve at L4-5 with a diffuse tear at L5-S1. The radiologist's interpretation of the discography images revealed contrast remaining in the nucleus at L3-4 and L4-5 with leakage at L5-S1. This was different from the discographer's report and the post-disco CT report. The patient was offered lumbar fusion but refused and requested less invasive treatment options.

REQUESTED SERVICE (S)

Selective endoscopic disectomy with annuloplasty L4-5, L5-S1

DECISION

The request for selective endoscopic disectomy and annuloplasty L4-5, L5-S1 is recommended as a treatment option.

RATIONALE/BASIS FOR DECISION

The use of intradiscal electrothermal treatment for discogenic pain is well documented in the literature (Saal JA, Saal JS) and has been shown to provide statistically significant pain relief in certain patients. There is little uncertainty here that the patient is a candidate for L5-S1 treatment. Regarding the L4-5 level, there is some inconsistency in interpretation of the imaging studies. The MRI indicated normal anatomy at L4-5 while the post-disco CT reveals a small disc protrusion and annular tear. The radiologists report of the discography images reveal contrast material contained within the nucleus while the discographer's report indicates leakage of contrast material through an annular tear. The real question here is whether or not the discogram needle insertion induced the annular tear and disc bulge on the right at L4-5 resulting in an abnormal post-discography CT. This would be highly abnormal given the small size of discography needles (18 gauge). In addition, pressurization of the disc induced the patients "normal pain pattern" implicating it as a pain generator. Lastly, the radiologist's interpretation of fluoroscopy is based on static images while the discographer's interpretation is usually based on live images which are much more diagnostic.

Saal JA, Saal JS. Intradiscal electrothermal treatment for chronic discogenic low back pain: Prospective outcome study with a minimum 2 year follow up. *Spine* 27:9; 966-974, 2002

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of May 2003.